DEPARTMENT OF HEALTH AND FAMILY SERVICES Division of Disability and Elder Services Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: BARNETT HOUSE (310003)

Address: 2466 N 50TH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 03/01/1982

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey History

Survey ID: 0095933 End Date: 11/03/2005 Type: STANDARD Purpose: SURVEY/SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008862 Served 11/28/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.21(4)(g)	FAIR TREATMENT		
83.21(4)(o)	MEDICATIONS		
83.41(10)(a)	BUILDING MAINTENANCE		
83.41(10)(d)	FURNITURE IN GOOD REPAIR		
83.41(5)(d)1	WATER SUPPLY		
83.41(9)	CLEANLINESS OF ROOMS		
83.43(3)(b)2	TESTING OF SMOKE DETECTORS		
83.51(3)(a)	SMOKE SEPARATION		

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

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P.O. Box 2969

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Survey ID: 0093636 End Date: 10/26/2004 Type: OTHER Purpose: SELF REPORT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009043 Served 11/23/2004

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
83.33(2)(a)	SUPERVISION	11/03/2005	Yes
83.33(2)(c)	LEISURE TIME ACTIVITIES	11/03/2005	Yes
83.41(10)(a)	BUILDING MAINTENANCE	11/03/2005	No
83.41(9)	CLEANLINESS OF ROOMS	11/03/2005	No
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS	11/03/2005	Yes
83.51(3)(a)	SMOKE SEPARATION	11/03/2005	No

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Provider Inspection Summary
For the period 06/01/2003 to 05/31/200

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 11/22/2005 SOD #10008862 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.21(4)(o)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.41(5)(d)

FORFEITURE---83.41(9)

FORFEITURE---83.51(3)(a)

Date: 11/22/2004 SOD #10009043 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

COMPLY WITH REQUIREMENT

FORFEITURE---83.33(2)(a)

FORFEITURE---83.33(2)(c)

FORFEITURE---83.41(10)(a)

FORFEITURE---83.41(9)

FORFEITURE---83.42(2)(a)

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